

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaoqiang	2. Surname (Last Name) Xue	3. Date 24-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhigang Ji, Yi Xie
5. Manuscript Title Functional paraganglioma with tumor thrombus in the inferior vena cava, first case report		
6. Manuscript Identifying Number (if you know it) TAU-21-50		

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Are there any relevant conflicts of interest? Yes No

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Dr. Xue has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dong	2. Surname (Last Name) Wang	3. Date 24-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhigang Ji, Yi Xie
5. Manuscript Title Functional paraganglioma with tumor thrombus in the inferior vena cava, first case report		
6. Manuscript Identifying Number (if you know it) TAU-21-50		

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1. Given Name (First Name) Yu	2. Surname (Last Name) Xiao	3. Date 24-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhigang Ji, Yi Xie
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Section 1. Identifying Information

1. Given Name (First Name)
Zhigang
2. Surname (Last Name)
Ji
3. Date
24-February-2021
4. Are you the corresponding author? Yes No
5. Manuscript Title
Functional paraganglioma with tumor thrombus in the inferior vena cava, first case report
6. Manuscript Identifying Number (if you know it)
TAU-21-50

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Xie

3. Date

24-February-2021

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Yes No

5. Manuscript Title

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